DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: SAGEN CENTRE (0009751)

Address: 2221 SIMS PLACE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 06/27/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0092896 End Date: 06/09/2004 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006280 Served 07/02/2004

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.32(2)(a)1 PHYSICAL HEALTH

83.33(3)(c)3 PROOF-OF-USE RECORD AUDITED DAILY 83.43(7)(b) INSTALLATION AND MAINTENANCE

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